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ABSTRACT

Prior to the early 1990s, Special Olympics research consisted of collecting anecdotal information about the "good stories." In 1993, Special Olympics International gathered its first statistical data on its athletes in conjunction with the first "Team USA" coming together from programs throughout the United States and traveling to Austria to compete in international competition. Of the 104 athletes, 54 were male, 50 female, with a mean age of 22 and a mean IQ of 59. Three different studies were used in this research. One showed that, relative to age and IQ, length of time in Special Olympics was the most powerful predictor of social competence. A second study found that Special Olympics athletes had higher social competence scores than a non-Special Olympics group, and a third study found higher scores in competence at the 4-month follow-up after the World Games. This research was replicated in six countries attending the 1995 Special Olympic games. Study findings strongly support the conclusion that Special Olympics is successful in helping individuals with mental retardation deal with their own lives. Research into the impact of Special Olympics on adolescent volunteers found that both Special Olympics participants and their volunteer partners showed strong positive changes in their attitudes toward each other. Another study of a program that provided free dental checkups to Special Olympics athletes found positive changes in the attitudes of dentistry professionals toward individuals with mental retardation. (TD)

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SPECIAL OLYMPICS INTERNATIONAL

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THE CURRENT RESEARCH EFFORTS OF

SPECIAL OLYMPICS INTERNATIONAL

Founded in 1968 by Eunice Kennedy Shriver, Special Olympics provides an international program of year-round sports training and athletic competition for more than one million children and adults with mental retardation and other related developmental disabilities. Special Olympics programs are active in each of the U.S. states and territories and in over 150 countries throughout the world, with new programs continually being developed.

The mission of the organization is to provide Olympic-type sports training and competition opportunities that will develop physical fitness for children and adults with mental retardation, and provide them the opportunity to become useful and productive citizens within their communities. Special Olympics is unique as a sports organization, because it provides events by ability divisions, for every level of skill, giving each athlete the chance to be successful on the playing field and move toward higher competition.

Twenty-three sports are offered to athletes, with training guides available in each. Special Olympics International also has an accreditation process where coaches attend a training school, complete a practicum with athletes, and become a certified Special Olympics coach.

Through the years, some unique programs that broaden choices and opportunities have been developed for Special Olympics athletes, including:

- Unified Sports®, where persons with and without mental retardation are brought together to play as teammates on the field;
- Motor Activities Training, where athletes with more severe limitations may participate in a training program that rewards their personal best accomplishment rather than a competitive experience;
- Athlete speakers who give presentations to community organizations;
- Athlete officials who gain NBG certification and officiate at Special Olympics competitions; and
- Athlete employees and advocates at each level of the Special Olympics organization.

Each program and new opportunity in Special Olympics is field tested and researched to determine the benefits to the athlete. Prior to the early 1990s, most of the

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work done in this area was the field testing of new sports guides and new programs. Research was initiated but collected the "good stories," or anecdotal type of information. After all, the athletes knew they were having a good time, the parents knew their children were gaining skills in several areas, the coaches knew that individuals with mental retardation could, with training, participate in sports and the volunteers and spectators knew that Special Olympics athletes displayed a unique joy and spirit for life and sports. The benefits were so obvious to those who were participating. One young volunteer commented, "Why are you doing research? We know it's wonderful."

In 1993, Special Olympics International had a unique opportunity to validate the Special Olympics experience through the gathering of statistical data on our athletes. This opportunity presented itself because, for the first time ever, there was a "Team USA" coming together from programs throughout the United States and traveling to Austria to compete in international competition. These athletes came up through the aforementioned "divisioning" process in Special Olympics, where every athlete has the opportunity to win at their ability level, rather than the best or the fastest advancing. Because of this it was felt that these 104 athletes represented a cross section of Special Olympics athletes throughout the United States. Of the 104 athletes, 54 were male, 50 female, with a mean age of 22 and mean IQ of 59 (overhead).

The questions (overhead) asked of the 1993 Team USA research project included:

- What are the adaptive, social competence, and self-perception features of Team USA?
- Do the social and emotional profiles of Team USA show pre-post World Game differences?
- How do Team USA findings compare to an appropriately matched group of non-Special Olympians?

Standardized measures (overhead) were given these athletes and their caregivers prior to leaving for the competition experience in Austria. These included the following measures given to the Special Olympics athletes and their parents or caregivers:

ATHLETES

- Kaufman Brief Intelligence Test (Kaufman & Kaufman, 1990)
- Beery Developmental Test of Visual-Motor Integration (Beery, 1989)
- Hand Movements subtest from the Kaufman Assessment Battery for Children (Kaufman & Kaufman, 1984)
- Visual Memory subtest from the Motor-Free Visual Perception Test (Colaruso & Hammill, 1972)
- Sentence Completion Task and Three Wishes

FAMILIES

- Vineland Adaptive Behavior Scales - Screener Edition. (Cicchetti, Sparrow, & Carter, 1991)
- Child Behavior Checklist (Achenbach, 1991)
- Reiss Screen for Maladaptive Behavior (Reiss, 1988)
- Educational Questionnaire
- Questionnaire on Resources and Stress, short form (Friedrich, Greenberg & Crnic, 1983)

Since improving social competence is considered key to integrating persons with mental retardation into community settings where they may live, work and play, these measures focused on self-esteem, communication, socialization and behaviors. Three different studies were used in this research, one relating the social competence, adaptation, and self-perceptions to the length of time in Special Olympics; two, comparing Team USA data to an appropriately matched group of non-Special Olympics athletes (overhead); and three, comparing data to identical data gathered four months after the World Games experience.

Comparing data across all three studies, findings showed that Special Olympics appears to improve social competence. As an example (overhead) age-equivalent comparisons from the Vineland test show comparisons of the communication, daily living skills and socialization of Special Olympics athletes and the non-Special Olympics group. In "positive self" scores (overhead), Special Olympics athletes scored higher in the "personality/affect" and "physical appearance" and had fewer "negative self" indicators.

Study One showed that, relative to age and IQ, length of time in Special Olympics was the most powerful predictor of competence. Study Two found that Special Olympics athletes had higher competence scores than the non-Special Olympics group, and study Three found higher scores in competence at the four month follow-up after the World Games.

This study was completed by Elisabeth M. Dykens, Ph.D., and Donald J. Cohen, M.D., of the Yale Child Study Center and published in the *Journal of the American Academy of Child & Adolescent Psychiatry*, Volume 35, Number 2, February 1996.

Prior to the 1995 Special Olympics World Summer Games in New Haven, Connecticut, this study was replicated in the USA, Canada, Chile, the Czech Republic, Kenya and Russia. Aside from the fitness benefits of sport training and competition, the replication identified other areas which the program should enhance. These included:

- Higher scores in adaptive skills in daily living;
- Involvement in more recreational activities including sport and non-sport activities;
- Being better able to hold a job (getting to work on time, observing time limits on coffee breaks, lunch, etc.);

- Being able to live more independently through increased social competence;
- Having a more positive self-perception and motivation for independence; and
- Having an increased ability to make decisions for oneself.

The findings of the 1993 Dykens and Cohen study and the 1995 replication in the USA and other countries strongly supported the conclusion that Special Olympics is successful in helping individuals with mental retardation deal with their own lives. Compared to groups who had similar conditions, those who participated in Special Olympics consistently did better than those that did not. These differences often reached a very high level of significance.

A group of Special Olympics athletes participating in a Utah Unified Bowling program were given the Achenbach. The same test was also administered to a comparison group of persons with retardation who did not participate in Special Olympics. Very highly significant differences were found between the Special Olympics athletes and the comparison group on the Activity and Socialization domains as well as in the Behavioral scores. The Special Olympics group was significantly less withdrawn, less anxious and depressed, had significantly fewer social and somatic problems, and exhibited significantly less aggressive and delinquent behavior.

Special Olympics International also initiated research into the impact of the Special Olympics experience on the volunteer. In Arkansas, a Sports Camp was established for Unified Sports® where half of the participants were adolescents with mental retardation and the other half were adolescents without mental retardation. When given an opinion adjective checklist of each other (Siperstein 1992) prior to and after the camp, both the Special Olympics participants and the volunteer partners were positively impacted by the experience, with very strong positive changes in their expressed attitudes toward each other.

In another study, Drs. Steven Perlman of the Boston University Dental School and Hillary Broder of the New Jersey Dental School looked at the attitudes of dentists and dental hygienists before and after participation in the Special Athletes, Special Smiles Program. This program was set up at the Special Olympics World Games and provided Special Olympics athletes the opportunity to get a free dental checkup and information on dental care. Significant positive differences were found in the dentistry professionals in their attitudes toward individuals with mental retardation.

The Special Olympics Motor Activities Program is designed for individuals with more severe limitations and based on a personal best goal rather than competition. At a segregated school in Maryland, elementary aged Special Olympics participants were matched with elementary children from a nearby school. The statistical results of this study are being compiled at this time. The program ran for 16 weeks, with the partner children bused to the school each week to work with their athlete in the individualized skill assigned by teachers. The principal, teachers, therapists and parents of the Special Olympics children had numerous comments regarding the positive changes in motor skills

and behaviors. The majority of comments revolved around being "happy" about having this relationship, with one parent commenting that her 10-year-old son decided he was no longer going to wear diapers because his partner didn't. All teachers felt that their students "worked harder" when their partners were present. Of the elementary volunteers, these children were given opinion measures prior to any knowledge of their experience and again after the school program was completed. Many of these children and their parents verbalized their positive feelings about the experience, with one mother commenting that her daughter went to the library to check out a book regarding her student's disability and talked about nothing else at the dinner table.

As mentioned, the statistical data is not compiled, but to sum up the impression this type of partner program has on those that are and are not in Special Olympics, I will tell you a story about Joey and Victor. Joey is 8 years old, is learning to use a walker, with a diagnosis of severe cerebral palsy. His partner, Victor, is 9 years old and is in the fourth grade. At the special "Challenge Day" that the children participated in at the end of the school year, each Special Olympics child displayed their achievements with their partner in front of school administrators, teachers, families, media and community representatives. During an interview, Victor was asked what he thought about meeting Joey for the first time. Victor commented, with the expected honesty of a 9-year-old, that when he first met Joey he thought he was going to throw up. "Because of the drooling, you know." After a quick recovery, the reporter asked Victor about how he felt about working and visiting Joey now. Victor smiled and said, "I'm coming back next year to work with Joey. We're working on drooling."

These are the stories that Special Olympics International research is working toward validating. Every family member, every coach, and every volunteer in Special Olympics has a number of them. Stories that tell all associated with the organization that the experience started on the playing field impacts the lives of their loved ones and/or friends and athletes in many areas of their lives. In gathering this research, the goal continues to be improved programs, community awareness and success for individuals with mental retardation in living and working within their communities.